

APPENDIX E
FOSTER PARENT REVIEW HEARING REPORT

(Child's attorney to complete and return to the Court seven days prior to the scheduled hearing.)

FOSTER PARENT REVIEW HEARING REPORT

Child's Name: _____ File # _____

Foster Parents' Name/Address:

Phone # _____

Names/Relationships of others living in your home:

Date foster child was placed with you:

Agency/social worker name:

Please answer the following and add any comments you wish the Court to consider:

1) Have you received a copy of the Case Service Plan?
☐ Yes ☐ No Comments:

2) Do you understand the child's Case Service Plan?
☐ Yes ☐ No Comments:

3) Do you feel the child's Case Service Plan needs any changes?
☐ Yes ☐ No Comments:

4) Have you been consulted regarding any changes in the Case Service Plan?
☐ Yes ☐ No Comments:

5) Is the child receiving all the needed services?
☐ Yes ☐ No Comments:

6) Are you receiving adequate support and assistance from the assigned social worker?
☐ Yes ☐ No Comments:

- 7) Are there any existing problems regarding the child's placement?
☐ Yes ☐ No Comments:
- 8) What perceptions of the child might be relevant to the Review Hearing?
- 9) What are your feelings and observations regarding the child's contacts and visitation with the natural parents?
- 10) Do you wish any additional service from the Court?
☐ Yes ☐ No Comments:
- 11) Are you willing to continue as foster parents for the child?
☐ Yes ☐ No Comments:
- 12) Additional comments or information:

Foster Parent Signature

Attorney Signature

Date Completed: _____